

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/700187

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	/		/			
5		/		/		
6		/	/			
7	3		2			
8	3		2			
9	3		2			
10	③		2			
11	①		2			
12	①		①			
13	①		①			
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TOTAL IND.	2		3			
TOTAL DEP.	19	↔	23	↔		
TOTAL CLAIMS	21	↔	26	↔		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↔		↔		↔
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		↔		↔		↔

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS